frail.[10] Nor does one need to share his social ethic to admire him for his courage to expose his conviction so boldly for open debate. Deep down, many members of this nation's policymaking elite, including many pundits who inspire that elite, and certainly a working majority of the Congress, share Epstein's view, although only rarely do they have the temerity to reveal their social ethnic to public scrutiny. Although this school of thought may not hold a numerical majority in American society, they appear to hold powerful sway over the political process as it operates in this country.[14] In any event, they have for decades been able to preserve a status quo that keeps millions of American families uninsured, among them about 10 million children.

At the risk of violating the American taboo against class warfare, it is legitimate to observe that virtually everyone who shares Epstein's and Friedman's distributive ethic tends to be rather comfortably ensconced in the upper tiers of the nation's income distribution. Their prescriptions do not emanate from behind a Rawlsian[15] veil of ignorance concerning their own families' station in life. Furthermore, most well-to-do Americans who strongly oppose government-subsidized health insurance for low-income families and who see the need for rationing health care by price and ability to pay enjoy the full protection of government-subsidized, employer-provided, private health insurance that affords their families comprehensive coverage with out-of-pocket payments that are trivial relative to their own incomes and therefore spare their own families the pain of rationing altogether. The government subsidy in these policies flows from the regressive tax preference traditionally accorded employment-based health insurance in this country, whose premiums are paid out of pretax income.[16] This subsidy was estimated to have amounted to about $70 billion in 1991, of which 26% accrued to high-income households with annual incomes over $75,000.[17] The subsidy probably is closer to $100 billion now—much more than it would cost for every uninsured American to afford the type of coverage enjoyed by insured Americans. In fairness it must be stated that at least some critics of government-financed health insurance—Epstein among them—argue against this tax preference as well.[10] But that untoward tax preference has widespread supporters among members of Congress of all political stripes, and also in the executive suites of corporate America.

This regressive tax preference would only be enlarged further under the medical savings accounts (MSAs) now favored by organized American medicine. Under that concept, families would purchase catastrophic health insurance polices with annual deductibles of $3000 to $5000 per family, and they would finance their deductible out of MSAs into which they could deposit $3000 to $5000 per year out of the family's pretax income. In terms of absolute, after-tax dollars, this construct effectively would make the out-of-pocket cost of a medical procedure much lower for high-income families (in high marginal tax brackets) than it would for low-income families. It is surely remarkable to see such steadfast support in the Congress for this subsidy for the well-to-do, in a nation that claims to lack the resources to afford every mother and child the peace of mind and the health benefits that come with universal health insurance, a privilege mothers and children in other countries have long taken for granted. Unwittingly, perhaps, by favoring this regressive scheme to finance health care, physicians take a distinct stand on the preferred distributive ethic for American health care. After all, can it be doubted that the MSA construct would lead to rationing childrens' health care by income class?

Typically, the opponents of universal health insurance cloak their sentiments in actuarial technicalities or in the mellifluous language of the standard economic theory of markets,[18] thereby avoiding a debate on ideology that truly might engage the public. It is time, after so many decades, that the rival factions in America's policymaking elite debate openly their distinct visions of a distributive ethic for health care in this country, so that the general public can decide by which of the rival elites it wishes to be ruled. A good start in that debate could be made by answering forthrightly the pointed question posed at the outset.

FOOTNOTES

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SALUTE TO REPRESENTATIVE STEPHEN CHEN

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Mr. PAYNE. Mr. Speaker, I rise today to welcome Taiwan's new representative, Dr. Stephen Chen, to Washington. Prior to his present assignment, Dr. Chen was deputy secretary-general in the office of the President, Taiwan.

Representative Chen is a career diplomat, having served his country in nearly every corner of the world. Fluent in English, Chinese, Portuguese, and Spanish, Chen is a master communicator. He will certainly bring to the Hill his vast knowledge of foreign policy issues affecting his country and ours.

At a time of our country seeking better relations with the People's Republic of China, it is indeed a privilege to have someone like Representative Chen representing the Republic of China, a free democratic and sovereign country, which deserves a much strong presence in the world.

HONORING RADX TECHNOLOGY IN THE FIGHT AGAINST BREAST CANCER

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Sunday, November 9, 1997

Mr. BENTSEN. Mr. Speaker, I rise to recognize the tremendous contribution RADX Technology of Houston has made in the battle against breast cancer.

In October, we celebrated Breast Cancer Awareness Month, which included highlighting efforts by medical providers, community organizations, and businesses to ensure that all women have access to the breast cancer screening and treatment they need. It is particularly gratifying to acknowledge the efforts of the management and employees of RADX Technology, whose generosity is helping achieve this goal and save lives.

RADX has donated a new, more cost-effective mammography screening system to The Rose Diagnostic Clinic, which will help The Rose tremendously in its life-saving mission of providing affordable and accessible breast cancer screening to all women regardless of their ability to pay. This new machine, the mammoscope, has great potential to save lives because it will reduce the time between screening and diagnosis.

The Rose, a non-profit organization under the leadership of founder Dr. Dixie Melillo and executive director Dorothy Weston, operates three neighborhood clinics in the Houston area. Since it was founded in 1986, The Rose has performed more than 72,000 procedures, with 6,030 women receiving services free through The Rose Sponsorship Program for medically underserved women.

The Rose is always seeking to expand the reach and quality of its services, and it depends on the generosity of paying patients and community and business contributors to do so. RADX, which builds viewing systems for general radiography and mammography films, has helped meet a crucial need with a donation of the mammoscope, an $18,000 device. Kathryn Earle, RADX purchasing manager, proposed the project after reading about The Rose and recognizing they would need to be able to read multiple mammograms efficiently to continue to increase their patient load. Using the mammoscope, The Rose will be able to increase the productivity of radiologists for both screening and diagnosis.

This project was a hands-on team effort of virtually all 60 RADX employees from management team members to warehouse works. The mammography viewing system was built